

AC 4432

Gloucestershire Education Committee.


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ELEVENTH ANNUAL REPORT  
OF THE  
SCHOOL MEDICAL OFFICER  
ON THE  
MEDICAL INSPECTION  
OF THE  
CHILDREN

ATTENDING

The Public Elementary Schools  
of the County

For the year ended December 31st, 1918.



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# Gloucestershire Education Committee.

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SHIRE HALL,

GLOUCESTER,

4th June, 1919.

*To the Chairman and Members  
of the Education Committee.*

LADIES AND GENTLEMEN,

I beg to submit herewith the Eleventh Annual Report on the Medical Inspection of the children attending our Public Elementary Schools. The scope of the work was restricted during the war almost entirely to the examination of "entrants" and "ailing children," but it is satisfactory at the end of the war to be able to note that so far as our records go, there is no evidence that the health and physique of the children have been detrimentally affected by the alteration in diet, &c., occasioned by war conditions.

The assistance of Children's Care Committees and District Nurses in securing treatment through existing agencies has been as useful as in previous years, and it is satisfactory that the percentage of cases in which no treatment has been given has fallen from 35·4 in 1910 to 13·1 in 1918. On the other hand, in many cases, for various reasons, the treatment has not been effective.

The Scheme for Dental Inspection and Treatment was extended to include children up to ten years of age at the commencement of the second round of the schools at the middle of 1917; but it was, unfortunately, stopped for a time, on the departure of Mr. Knowles in October, 1918. Work was, however, recommenced last month with two army dentists whom we were successful in obtaining through the Board of Education. In January, 1919, the Committee adopted a comprehensive general scheme of treatment, in connection with which it is proposed to establish treatment centres, readily accessible from all parts of the County, and which will, it is hoped, be in operation in the autumn of the present year. (See p. 8).

The association of District Nurses in our Scheme continues to be very helpful, and there is evidence of steady improvement in the standard of work.

On the outbreak of the war every one of the clerks in my office joined the army, and the work was carried on by temporary girl clerks for over four years even more satisfactorily than I anticipated, though, of course, under considerable difficulty at first. All the permanent clerks, with one exception, have now returned. To all who have rendered it possible to carry on the Medical Inspection of school children without any serious disturbance of the work in spite of war conditions, I express my grateful thanks. It is invidious to make distinctions, but, without the loyal assistance which Dr. Blake was ready to give in any direction desired, it would have been impossible for me to maintain continuity of the records. With the temporary clerks I parted with regret, for they carried out their duties most carefully and, when the time came for them to leave, cheerfully gave up their appointments to those who had left them temporarily to take their place in the service of the country.

I have the honour to remain,

Your obedient servant,

J. MIDDLETON MARTIN,

*School Medical Officer.*

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# Eleventh Annual Report

OF THE

## SCHOOL MEDICAL OFFICER.

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### Staff.

The Medical Staff during 1918 was the same as during 1917, namely:—

Dr. T. F. H. Blake—whole-time inspector.

Dr. R. Green (also Medical Officer of Health) part-time inspector.

Dr. Sarah Wilson—half-time inspector.

The Nursing Staff was the same as during the previous year, the number employed at the Schools during 1918 being 7 County Nurses and 88 District Nurses.

The latter appear to have carried out their duties satisfactorily and there has been practically no friction with the parents. One great advantage of utilising the services of District Nurses is that in their areas there is a Nurse near at hand who is always available for any work which may arise, and it has invariably been cheerfully performed so far as circumstances allowed.

### Scope of Work.

The War Medical Staff was just sufficient to complete the examination of the "entrants" (with the addition of "leavers" in Dr. Green's area) and a few "intermediates," and of the "specials," including re-examinations of "ailing" children, within the year. The total number of children examined *during the calendar year* was 11,248, 162 less than in 1917. The actual

numbers examined *during the tenth round of the Schools* with which this Report more particularly deals were:—

No. of Children on Registers					43,614
CODE GROUPS—					
Entrants	...	...	...	...	5074
Intermediates	...	...	...	...	733
Leavers	...	...	...	...	644
					6451
SPECIALS—					
Re-examinations					
Old—Cured	...	...	...	803	
Others	...	...	...	3795	
					4598
New (children not routine)					745
					5343
Total No. of Children examined					11,794

The grouping of the children, examined as “routine,” according to age and sex is given in Table A (Heights and Weights) from which the figures in Table I. (except specials) are also derived.

During the present year (1919) it is hoped to resume the examination of the three “Code” groups—“entrants,” “intermediates” and “leavers”—throughout the whole County.

## Appliances.

The usual testing of the steelyards, used for weighing the children, was made in September, 1918; only one or two minor adjustments were found to be required.

## Condition of the Children.

The summary of the findings of the School Medical Inspectors is given in Table II. at the end of this Report and further details in the large Table II. (A). The results of re-examinations shown in Table IV. give details of the treatment of defects reported on previous examinations.

Of the total children on the registers (43,614), special cards have been provided for 7,170—16.4 %—on account of some defect which rendered it desirable that they should be kept under observation. During 1917-18, such special cards were provided for 1,408 of the 6,451 children examined as routine,

or 21.8 %, and for a further 745 children who were referred by the teachers or discovered by the Inspectors.

As a general result of the examination of the children in the code groups (mainly "entrants"), there is little difference from the records of previous years. The proportion of children classed as normal was 54.0 %, which is below the rates for 1917 (59.0 %) and 1916 (64.5 %) but above the average for the eight years (45.1 %). The Medical Inspectors appear to have formed about the same general opinion of the nutrition of the children as in previous years, and there does not seem to be any marked effect, so far as the total results go, of war conditions on the children. On the other hand, the average heights and weights of the groups of children examined during 1917-18 are, on the whole, very slightly below the total averages of the previous years.

Dr. Tuxford (School Medical Officer for the parts of Holland, Lincs., and formerly School Medical Inspector in this County) has published an interesting empirical formula for determining the nutritional index of children on their height and weight. Applying this formula to the averages for the eight years (1909-16) and for 1917-8, it appears that the children in this County depart but little from the average.

In regard to pediculosis there is evidence that the work of the last eight years is having effect, in that the proportion of children found by the Nurses to be infected has been gradually reduced from 24.6 % in 1909 to 13.2 % in 1918. The amount of the work entailed in following up 276 departments is indicated in Table B. The reports of the Medical Inspectors on children due for routine examination, when parents have notice of the pending visit, show a reduction from 23.6 % to 7.3 %. The improvement is slightly greater in Rural than in Urban Districts. Much steady work will be necessary even to maintain the present degree of improvement, and increased assistance from Nurses is requisite to keep effective supervision; this it is hoped may be forthcoming when more Nurses are released from military duty, but there is very great difficulty in obtaining District Nurses, on whom we largely rely, in great measure owing to the position not being made sufficiently attractive. Education in the nature of this objectionable condition will also be helpful, and with this in view I drafted a memorandum, largely based on the work of Professor G. H. F. Nuttall, which

has been sent to the Head Teacher of every school in the County.

### **Following-up of Children requiring attention.**

The arrangements for following-up of cases by Children's Care Committees, Nurses and Medical Inspectors, have been given in my previous Reports. The nursing staff now engaged in this work consists, as already mentioned, of 7 whole-time County Nurses and 88 District Nurses. Reports relating to 1,638 children were received about three months after the respective inspections had been conducted. All children for whom special cards have been provided are re-examined by the School Medical Inspectors, and the summary given in the following paragraph and in Tables IV. and IV. (A) is based mainly on their reports.

#### **Treatment.**

As a result of the measures above outlined a much larger proportion of the children receive treatment than was originally expected, but the proportion of "cured" cases is much lower than it should be and shows little signs of improving. Table IV. gives certain particulars for the whole County during 1918, but it has proved practicable to give much fuller details than on previous occasions for 249 schools in twenty sanitary districts and these will be found in Table IV. (A). The general results are of much the same character as in previous years but the proportion of children "untreated" (13.1 %) is the lowest on record, the percentage having fallen from 35.4 in 1910 to 15.1 in 1916, 14.1 in 1917 and 13.1 in 1918. The conditions for which it appears to be specially difficult to obtain satisfactory treatment are defects of the nose and throat, and of vision.

As on previous occasions useful work in securing treatment was done by Children's Care Committees as well as by the various nurses associated in the scheme. But even so, there is evidence that but little further improvement was likely to be obtained without an extension of the operations of the Committee. The matter has had very careful consideration and, as a final result, a very comprehensive scheme of treatment was adopted by the Committee at their meeting on 25th January, 1919.

In addition to dental treatment, for which a scheme has been in operation since 1914, the present scheme provides for the

treatment of all defects of school children which are regarded by the Board of Education as coming within the scope of Local Education Authorities. Alternative proposals were made:—

1. The establishment of *ad hoc* school clinics staffed by whole-time officers and the utilisation of hospitals for special cases.
2. The utilisation of out-stations opened in connection with the large general hospitals, in co-operation with other Committees of the County Council providing treatment for various groups of persons, attended by local medical practitioners, and the visiting staffs (physicians, surgeons and specialists) of the hospitals.

Under the first proposal it was regarded as practicable to open only 12 clinics throughout the County and these would have been readily available for only a comparatively small part of the County, leaving large areas with no special centre. According to the second proposal it is intended to establish 54 centres (11 cottage hospitals and 43 out-stations) at which not only will school children be able to receive treatment, but which will also be available for other groups of persons for whom treatment is provided at the public expense, and for hospital out-patient treatment of the public generally: an out-station will thus be available within about three miles of every part of the County. Intermediate treatment will be given by Nurses under the direction of the Medical Officer of the out-station. The second proposal—the establishment of out-stations in connection with the large General Hospitals—was unanimously adopted and has received the provisional approval of the Board of Education.

The principal initial difficulty in this scheme was the large number of bodies concerned and it is satisfactory to record that, without exception, all of them have approved of the principle of the scheme—Committees of the County Council (Education, Public Health and Housing and War Pensions Committees) and the County Council itself, the Hospitals, the Medical Profession (at a meeting specially convened to consider the scheme) and the Government Departments concerned. Negotiations are now proceeding with a view to effect being given to the scheme as soon as possible.

### Dental Treatment.

As mentioned in my last Report, after Mr. Knowles had completed the first round of the schools (with the exception of the very scattered parts of the County)—which occupied the greater part of three years—the ages at which children were examined were raised from 6-8 years to 6-10 years. The raising of the age limit has practically doubled the number of children examined, but Mr. Knowles informed me that the children examined and treated during the first round required but little attention on the second occasion, showing that by the gradually raising of the age the work will not be proportionately increased; this is satisfactory as it indicates that the work of examining and treating children of all ages should not prove an unduly heavy matter.

In the following table the results of the first round of the schools and of the second, which was commenced but not completed, are compared:—

	First Inspection. 6 to 8 years.	Per- centage.	Second Inspection 6 to 10 years.	Per- centage.	
Children on Registers...	... 34,873 ...		... 12,167		
„ due for examination	8,515 ...	24.4	... 5,438 ...	44.7	of No. on Register
„ examined ...	7,877 ...	92.5	... 5,110 ...	94.0	„ due for examination
„ requiring treatment...	4,176 ...	53.0	... 2,673 ...	52.3	„ examined
„ treated by School					
Dentist ...	2,274 ...	55.5	... 16,00 ...	59.8	of No. requiring treatment
„ privately ...	51 ...	1.2	... 27 ...	1.0	„
„ declining treatment ...	1,275 ...	31.2	... 612 ...	22.9	„
„ for whom no reply					
was received ...	133 ...	3.3	... 240 ...	9.0	„
„ absent and left ...	361 ...	8.8	... 194 ...	7.3	„

It is satisfactory to note that the proportion of children for whom treatment was declined was considerably less in the second round (23 %) than on the first occasion (31 %), and also that the proportion actually treated by the School Dentist increased from 55.5 % to 59.8 %. These results would appear to show that already parents are beginning to appreciate the value of treatment, and the importance of giving attention to defects of the teeth.

I am unable to give further details of the work as the School Dentist did not give them to me before he left the County at the end of October, 1918. In March of the present year (1919)

two whole-time School Dentists were appointed, namely: Captain P. J. Wakley, L.D.S. and Captain B. F. Wren, L.D.S., and it is hoped that they will commence their duties at the beginning of May.

### **Infectious Diseases.**

There was a considerable increase during 1918 in the prevalence of infectious disease apart from the widespread epidemic of influenza in the autumn. On the other hand, the number of cases of scarlet fever was a minimum record and there was a comparatively small number of cases of diphtheria. The increase apart from influenza was chiefly due to the numbers of cases of measles and mumps. The outstanding feature of the year, however, was the very extensive outbreak of influenza, commencing early in October and extending nearly to the end of the year; some cases were notified in July and August but there was no considerable prevalence till after the summer holidays, the outbreak reaching its maximum about the beginning of November. A chart of the County was prepared and from this it appears that the main epidemic started in various centres between the beginning and end of October, and thence spread to the surrounding neighbourhood. This outbreak seriously upset the routine inspection of the school children, leading to the closure of 359 of the 462 departments, for short periods of about three weeks each. One hundred and seventy-one further departments were closed at various times during the year on account of temporary prevalence of other infectious diseases, mostly measles which accounted for nearly half of the closures (84).

Exclusions for infectious skin diseases were more numerous owing to the unusually large numbers of children reported to be suffering from scabies or itch, namely, 164: the number of cases with this condition has increased in almost geometrical ratio since 1915, when only 24 cases were notified to me, the numbers being 24 (1915), 45 (1916), 84 (1917) and 164 (1918). In many quarters this increased prevalence has been regarded as due to infection being brought home by soldiers who became infected under the conditions of warfare and some of whom have returned home infective in spite of the elaborate measures taken by the Army Authorities for the disinfestation of affected men. The spread from person to person probably takes place much more generally in the homes than at schools, and the prob-

lem is much more one for Sanitary Authorities than for Education Committees. Protection of other children is secured by the exclusion of known cases from school. As regards the homes the Local Government Board issued to Sanitary Authorities a circular (<sup>PH3</sup><sub>1919</sub>) on the 27th February, 1919, and also a memorandum on measures for the prevention of lousiness and itch in the course of which they state:—"Unless efforts to control scabies "(and pediculosis) include the examination of, and, when "necessary, the treatment of each member of the affected family "and the disinfection of clothing, &c., they must be regarded "as inadequate." Arrangements have now been made for each case of scabies notified from the schools to be reported to the Local Sanitary Authority concerned.

Many children are absent from school for unduly long periods owing to neglect to give efficient attention to this and other skin conditions; and one great advantage of the out-station scheme is the opportunity that would be given for systematic and effective treatment of children affected with ringworm, impetigo and scabies. The attendances lost by 620 children on account of these three complaints during 1918 were 32,281, an average of 52 (or over 5 weeks) per child affected.

### Defective Children.

The numbers of children reported to be blind, deaf, physically defective and mentally defective are given in Table III.

The number in the last group examined up to the end of 1918 was 283; they were classed as follows:—

Suitable for Public Elementary School	...	41	
" " Special class in School	...	47	} 154
" " " Day School	...	38	
" " " Residential School	...	69	
" " Other Special School	...	5	
Unsuitable for	...	46	
Already sent to Homes, left County, &c.	...	37	
			283

Arrangements are being made for the examination of a further 87 children and, assuming the same proportions as in the above table, the total number of children suitable for a special class or school will be practically 200. These children are scattered all over the County and in very few areas would

there be sufficient to form even a special class; as a result the only practicable method of giving the special instruction is the provision of a residential school. Estimates for such a school were included in the scheme for the Treatment of School Children but were postponed for consideration later.

### Miscellaneous Work.

Amongst other work undertaken during 1918 was the following:—

1.—One hundred bursars, pupil teachers, &c., were examined and were classed as follows:—

A 1.—Free from physical defect	...	...	...	61
A 2.—In good health, but with some defect not likely to interfere with efficiency	...	...	...	36
B 1.—In good health, but with some permanent defect likely to shorten the full term of service	...	...	...	1
B 2.—In good health, but with some defect likely to interfere to some extent with efficiency	...	...	...	1
B 3.—Temporarily in sub-normal health, but may make a good recovery	...	...	...	1

2.—Fourteen County Junior Scholars were examined and classed—

A 1.—(As above)	...	...	...	...	13
A 2.— „	...	...	...	...	1

3.—Eight specimens of hair were examined for the spores of ringworm which were found in 3 cases.





TABLE A.—HEIGHTS AND WEIGHTS.

GLOUCESTERSHIRE, 1918,

AVERAGES FOR COUNTY AREAS, 1909-1910

(As given by Drs. Tuxford and Glegg).

AGES.	NUMBERS OF CHILDREN EXAMINED.		HEIGHTS.						WEIGHTS.					
	M.	F.	BOYS.			GIRLS.			BOYS.			GIRLS.		
			cms.	inches.	County Average. 138,928	cms.	inches.	County Average. 138,686	kilogs.	lbs.	County Average. 138,928	kilogs.	lbs.	County Average. 138,686
3-4	3200	3193	93·5	36·8	36·65	91·6	36·1	36·4	15·0	33·1	32·9	14·5	32·0	32·0
4-5	240	214	99·0	39·0	38·8	98·0	38·6	38·9	16·2	35·7	35·6	15·9	35·0	35·1
5-6	638	599	102·4	40·3	40·6	104·1	41·0	41·4	17·5	38·6	39·0	17·1	37·7	38·0
6-7	1061	1066	111·4	43·9	42·8	109·0	42·9	43·25	18·7	41·3	42·7	19·0	41·8	41·3
7-8	418	427	115·0	45·2	45·4	114·7	45·1	45·7	21·0	46·2	47·3	20·6	45·9	45·5
8-9	187	182	121·3	47·8	47·05	121·0	47·6	48·4	23·6	52·1	51·4	22·7	50·1	49·0
9-10	124	106	126·7	49·8	49·8	125·8	49·5	50·1	25·5	56·3	57·4	24·7	54·5	55·3
10-11	92	101	129·1	50·9	51·2	131·0	51·6	50·9	27·3	60·2	61·2	27·5	60·6	59·4
11-12	69	78	134·2	52·9	53·2	139·2	54·9	53·5	29·0	64·0	67·8	29·5	65·0	66·8
12-13	71	76	139·2	54·8	55·2	141·8	55·8	55·4	32·8	72·4	73·4	32·2	71·0	74·6
13-14	219	265	145·7	57·4	56·1	146·3	57·6	56·9	34·4	75·9	77·85	36·1	79·5	81·1
14-15	78	75	150·2	59·2	58·2	151·6	59·7	59·0	41·25	91·0	84·5	35·8	79·0	88·4
15-16	3	3	—	—	—	171·3	67·5	61·0	—	—	—	51·7	114·	—



TABLE B.—PEDICULOSIS.—FOLLOWING-UP, 1917-8.

	Mixed	Boys	Girls	Infants	TOTAL (All Departments)
Departments ... ..	205	13	19	39	276
Number of Examinations ... ..	22,795	1,453	3,442	3,790	31,480
Children examined ... ..	18,451	1,273	2,046	3,084	24,854
„ infected .. ...	2,242	94	471	365	3,172
% infected ... ..	12·15	7·4	23·0	11·8	12·8
Cards:—1st Warning:					
Blue ... ..	815	12	211	101	1,139
Green... ..	1,573	78	324	266	2,241
2nd Warning:					
Red ... ..	852	14	207	130	1,203
Letters ... ..	895	27	398	116	1,436
Children excluded ... ..	362	18	100	45	525
Prosecutions (under Bye-Laws):— ...	48	2	19	2	71
Result:—Fines... ..	39	1	14	2	56
Withdrawn ... ..	6	—	4	—	10
Dismissed ... ..	3	1	1	—	5

FINES:—2—1/-; 2—2/-; 16—2/6; 2—3/9; 18—5/-; 1—7/6; 10—10/-; 1—12/6; 4—15/-.



TABLE C.—SCHOOLS CLOSED ON ACCOUNT OF INFECTIOUS DISEASE  
FOR 1918.

Infection	1918. Schools Closed			
	By M.O.H. with approval of S.M.O.	By S.M.O.	By R.D.C. and Managers	Total
Scarlet Fever ... ..	5	1	1	7
Scarlet Fever, Measles and German Measles	1	1	—	2
Scarlet Fever, Chicken Pox and Measles ...	1	—	—	1
Diphtheria .. ...	3	1	—	4
Diphtheria and Whooping Cough ...	1	—	—	1
Measles ... ..	66	2	2	70
Measles and Whooping Cough ... ..	2	—	—	2
Measles and Impetigo ... ..	1	—	—	1
Measles and German Measles ... ..	1	—	—	1
Measles and Ringworm ... ..	1	—	—	1
Measles, Chicken Pox and Whooping Cough	4	—	—	4
Measles and Mumps ... ..	5	—	—	5
German Measles ... ..	2	—	—	2
Whooping Cough ... ..	24	5	—	29
Whooping Cough, Mumps and Chicken Pox	1	—	—	1
Mumps ... ..	11	7	—	18
Mumps and Whooping Cough ... ..	1	2	—	3
Mumps and Ringworm ... ..	1	—	—	1
Mumps and Impetigo ... ..	1	—	—	1
Mumps, Measles and Whooping Cough ...	3	—	—	3
Mumps, Influenza and Chicken Pox ...	2	—	—	2
Chicken Pox ... ..	9	—	1	10
Chicken Pox and Mumps ... ..	1	—	—	1
Chicken Pox, Diphtheria and Scarlet Fever	1	—	—	1
Influenza ... ..	284	63	9	356
Influenza and Mumps ... ..	—	3	—	3
	432	85	13	530

INFANTS UNDER FIVE EXCLUDED.

Painswick C. Infants ... ..	1st May to Whitsuntide Holidays	... Chicken Pox.
Wotton-under-Edge, Bear Street ...	26th June to Summer Holidays ...	... Measles.
W. D. Pillowell C. ... ..	31st July to Summer Holidays ...	... Influenza and Mumps.
W. D. Christ Church Infants ...	2nd December to Christmas Holidays ...	... Influenza
Charfield Junior ... ..	3rd December to Christmas Holidays ...	... Influenza.



TABLE I.

## NUMBER OF CHILDREN INSPECTED, 1917-18.

The distribution according to age is taken from the Table of Heights and Weights.

## A.—“Code” Groups.

AGE	ENTRANTS						INTERMEDIATE GROUP	LEAVERS					Grand Total
	3	4	5	6	7-8	Total	8	12	13	14	15-16	Total	
Boys ... ..	240	638	1061	418	187	2544	124	219	78	3	—	300	2968
Girls ... ..	214	599	1066	427	182	2488	106	265	75	3	1	344	2938
Totals ...	454	1237	2127	845	369	5032	230	484	153	6	1	644	5906

## B.—Groups other than “Code.”

	Intermediate Group (9-12 years)	Special Cases	Re-examination (i.e. No. of Children Re-examined)
Boys ... ..	232	2697	2336
Girls ... ..	255	2677	2293
Totals ...	487	5374	4629



TABLE II.

Return of Defects found in the course of Medical Inspection, 1917-18.

DEFECT OR DISEASE.					CODE GROUPS.		SPECIALS.	
					Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
(1)					(2)	(3)	(4)	(5)
	Malnutrition	...	...	...	...	879	136	308
	Skin Uncleanliness							
	Head	...	...	...	477	...	90	..
	Body	...	...	...	25	...	36	...
Skin	Ringworm							
	Head	...	...	...	22	...	30	...
	Body	...	...	...	13	...	1	...
	Scabies	...	...	...	17	...	28	...
	Impetigo	...	...	...	21	...	55	...
	Other Disease	...	...	...	45	...	91	...
Eye	Defective Vision and Squint	...			148	41	663	155
	External Eye Disease	...			49	...	149	...
Ear	Defective Hearing	...			33	56	55	72
	Ear Disease	...			47	47	68	5
Teeth	Dental Disease (see special table)				...	...	...	...
Nose and Throat	Enlarged Tonsils	...			256	1127	100	468
	Adenoids	...			61	480	81	240
	Enlarged Tonsils and Adenoids	...			...	...	...	...
Heart and Circulation	Defective Speech	...			...	82	...	56
	Heart Disease	...			608	...	302	...
	Anæmia	...			30	...	67	...
Lungs	Pulmonary Tuberculosis				...	...	2	...
	Definite	...			...	...	21	...
	Suspected	...			3	...	11	...
	Chronic Bronchitis	...			...	...	66	...
	Other Disease	...			81	...	...	...
Nervous System	Epilepsy	...			4	...	17	...
	Chorea	...			2	...	12	...
	Other Disease	...			25	59	52	83
	Non-Pulmonary Tuberculosis							
	Glands	...			1	...	7	...
	Bones and Joints	...			...	...	...	...
	Other forms	...			6	...	5	...
	Rickets	...			...	28	...	30
	Deformities	...			...	142	...	116
	Other Defects or Diseases	...			100	454	241	202

NOTE.—The distribution of the numbers between columns 2 and 3 and columns 4 and 5 is only approximately correct, as the records were not kept in this form.



TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN.

			Boys	Girls	Total.
Blind (including partially blind).		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Blind ...	5	3	8
		Not attending School ... ..	1	—	1
Deaf and Dumb (including partially deaf).		Attending Public Elementary Schools ...	—	1	1
		Attending Certified Schools for the Deaf ...	11	6	17
		Not at School ... ..	1	—	1
Mentally Deficient <sup>1</sup>	Feeble Minded.	Attending Public Elementary Schools ...	39	17	56
		Attending Certified Schools for Mentally Defective Children ... ..	—	—	—
		Notified to the Local (Control) Authority dur- ing the year ... ..	—	4	4
		Not at School <sup>2</sup> ... ..	21	20	41
	Imbeciles	At School ... ..	—	1	1
		Not at School <sup>2</sup> ... ..	10	8	18
	Idiots	Not attending School ... ..	4	—	4
Epileptics		Attending Public Elementary Schools ...	7	2	9
		Attending Certified Schools for Epileptics ...	—	—	—
		Not at School <sup>2</sup> ... ..	10	8	18
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools ...	23	13	36
		Attending Certified Schools for Physically Defective Children ... ..	—	—	—
	Other Forms of Tuberculosis	Attending Public Elementary Schools ...	7	7	14
		Attending Certified Schools for Physically Defective Children (Alexandra Home, Painswick) ... ..	2	5	7
	All forms of Tuberculosis <sup>2</sup>	Not at School ... ..	33	43	76
	Cripples, other than Tubercular <sup>2</sup>	Attending Public Elementary Schools ...	—	—	—
		Attending Certified Schools for Physically Defective Children ... ..	—	—	—
		Not at School ... ..	11	17	28
	Other forms of illness	Not attending School ... ..	9	9	18
	Dull or Backward		... ..	141	91

1. Examined up to 31st December, 1918

2. From return made by School Attendance Officers.



TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN (1917-18).

Condition	No. of defects found for which treatment was considered necessary			No. of defects for which no report is available	No. of defects treated	Results of Treatment			No. of defects not treated	Percentage of defects treated												
	From previous year	New	Total			Remedied	Improved	Unchanged														
1. Clothing ... ..	See No. 21			Children who have left School or were absent at the time of the examinations.																		
2. Footgear ... ..																						
3. Cleanliness of Head ...																						
4. Cleanliness of Body ...																						
5. Nutrition ... ..																						
6. Nose and Throat ... ..	...	...	1055		...	798	238	502	58	257	75.7											
7. External Eye Disease ...	...	...	219		...	183	67	57	59	36	83.5											
8. Ear Disease ... ..	...	...	224		...	203	53	84	66	21	90.5											
9. Teeth ... ..	See No. 21																					
10. Heart and Circulation ...																						
11. Lungs ... ..																						
12. Nervous System ... ..																						
13. Skin ... ..																						
14. Rickets ... ..	See No. 21																					
15. Deformities ... ..																						
16. Tuberculosis (all forms)...												...	...	33	...	33	4	20	9	...	100.0	
17. Speech ... ..												See No. 21	...	...	108	...	107	5	56	46	1	99.1
18. Mental Condition ... ..												...	...	506	..	429	81	215	133	77	84.8	
19. Vision and Squint ... ..	See No. 8																					
20. Hearing .. ..																						
21. Miscellaneous ... ..	...	...	1680		...	1569	468	740	361	111	93.4											
Total ... ..	3080	745	3825	631	3322	916	1674	732	503	86.9												



TABLE IV. (A).—TREATMENT OF DEFECTS OF CHILDREN (1917-18).

20 Districts by Dr. BLAKE, 1918.

Conditions	No. of defects found for which treatment was considered necessary			No. of defects for which no report is available	No. of defects treated	Results of Treatment			No. of defects treated	Percentage of defects treated
	From previous year	New	Total			Remedied	Improved	Unchanged		
1. Clothing ... ..	1	...	1	...	1	...	...	1	...	100·0
2. Footgear ... ..	...	..	...	...	...	...	...	...	...	...
3. Cleanliness of Head ..	45	26	71	...	71	15	43	13	...	100·0
4. Cleanliness of Body ...	1	2	3	...	3	2	1	...	...	100·0
5. Nutrition ... ..	145	75	220	...	220	21	159	40	...	100·0
6. Nose and Throat ...	220	122	342	...	317	67	215	35	25	92·7
7. External Eye Disease ...	53	22	75	...	70	14	27	29	5	93·3
8. Ear Disease ... ..	48	16	64	...	61	10	26	25	3	95·3
9. Teeth ... ..	71	25	96	...	86	25	43	18	10	89·6
10. Heart and Circulation	69	35	104	...	104	3	21	80	...	100·0
11. Lungs ... ..	33	11	44	...	44	12	19	13	...	100·0
12. Nervous System ...	61	31	92	...	92	23	46	23	...	100·0
13. Skin ... ..	38	91	129	...	129	90	33	6	...	100·0
14. Rickets ... ..	20	6	26	...	26	1	19	6	...	100·0
15. Deformities ... ..	26	10	36	...	35	1	16	18	1	97·2
16. Tuberculosis (all forms)	11	6	17	...	17	...	15	2	...	100·0
17. Speech ... ..	4	..	4	...	4	...	3	1	...	100·0
18. Mental Condition ...	56	15	71	...	71	4	32	35	...	100·0
19. Vision and Squint ...	242	111	353	...	305	41	165	99	48	86·4
20. Hearing ... ..	43	26	69	...	64	16	25	23	5	92·7
21. Miscellaneous ... ..	113	71	184	...	177	52	77	48	7	96·2
Total ... ..	1300	701	2001	...	1897	397	985	515	104	94·8



TABLE V.  
INSPECTION, TREATMENT, &c., OF CHILDREN DURING 1918.

1.	The total No. of Children medically inspected (whether code group, special or ailing child) ... ..					11,794
2.	The No. of Children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ... ..	}	Routines	...	3,395	
			Specials	...	1,735	
					—	5,130
3.	The No. of Children in (1) who were referred for treatment (excluding uncleanness, defective clothing, &c.) ...	}	Routines	...	1,572	
			Specials	...	2,260	
					—	3,832
4.	The No. of Children in (3) who received treatment for one or more defects (excluding uncleanness, defective clothing, &c.) ... ..					3,322

The figures under headings 1 and 4 refer to children.

„ „ „ 2 and 3, refer to conditions.



SUMMARY.

TABLE II.

RESULTS OF THE MEDICAL INSPECTION 1917-18.

CONDITIONS.		TENTH ROUND OF SCHOOLS 1917-18.															SPECIAL EXAMINATIONS (Numbers only).			
		ROUTINE EXAMINATIONS.																		
		ENTRANTS.				INTERMEDIATES.				LEAVERS.				TOTALS.				Boys	Girls	Total
		Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Grand Total	%			
Total Inspected		2565	2509	5074		368	365	733		303	341	644		3236	3215	6451		1907	1897	3804
CLOTHING	Satisfactory	2145	2173	4318	85.1	320	325	645	88.0	252	307	559	85.3	2717	2805	5522	85.6	—	—	—
	Unsatisfactory	409	328	737	14.5	48	38	86	11.7	48	47	95	12.1	505	396	901	14.0	—	—	—
	Not stated	11	8	19	.4	—	2	2	.27	3	4	7	1.1	14	14	28	.43	—	—	—
CLEANLINESS Head	Clean	2424	2117	4541	89.4	351	321	672	91.7	293	304	597	92.8	3068	2742	5810	90.2	—	—	—
	Nits	73	321	394	7.8	7	35	42	5.7	7	34	41	6.4	87	390	477	7.3	15	—	—
	Pediculi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Others	68	67	135	2.7	10	9	19	2.6	3	3	6	.93	81	79	160	2.5	2	—	—
	Not stated	—	4	4	.1	—	—	—	—	—	—	—	—	—	4	4	.06	89	—	—
Body	Clean	2425	2355	4780	94.2	342	341	683	93.2	289	334	623	96.8	3056	3030	6086	94.5	—	—	—
	Dirty	7	10	17	.3	4	2	6	.82	2	—	2	.31	13	12	25	.39	—	—	—
	Pediculi present	2	—	2	.04	—	—	—	—	—	7	7	1.1	2	7	9	.14	—	—	—
	Others	131	140	271	5.3	22	22	44	6.0	12	—	12	1.87	165	162	327	5.1	—	—	—
	Not stated	—	4	4	.1	—	—	—	—	—	—	—	—	—	4	4	.06	—	—	—
NUTRITION	Excellent	488	617	1105	21.8	113	110	223	30.4	88	86	174	27.0	689	813	1502	23.3	—	—	—
	Normal	1694	1546	3240	63.9	197	209	406	55.5	179	209	388	60.3	2070	1964	4034	62.6	—	—	—
	Below normal	370	326	696	13.7	57	46	103	14.1	34	46	80	12.4	461	418	879	13.6	—	—	—
	Bad	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	162	146	308
	Delicate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65	64	129
	Thin and badly nourished	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7
	Thin and neglected	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not stated	13	20	33	.65	1	—	1	.13	2	—	2	.31	16	20	36	.56	—	—	—
NOSE & THROAT	No defect	1406	1488	2894	57.0	235	209	434	59.2	245	254	499	77.5	1876	1951	3827	59.4	—	—	—
	Mouth breather	254	197	451	8.9	36	23	59	8.05	2	6	8	1.24	292	226	518	8.0	281	207	488
	Tonsils slightly enlarged	472	453	925	18.2	53	71	124	16.9	30	48	78	12.1	555	572	1127	17.4	241	227	468
	Tonsils much enlarged	121	124	245	4.8	6	4	10	1.4	—	1	1	.16	127	129	256	4.0	54	46	100
	Adenoids slight	233	166	399	7.9	31	24	55	7.5	11	15	26	4.04	275	205	480	7.4	140	109	249
	Adenoids marked	20	33	53	1.0	—	4	4	.55	—	4	4	.62	20	41	61	.95	55	26	81
	Others	59	48	107	2.1	17	30	47	6.4	15	13	28	4.35	91	91	182	2.8	14	17	31
EXTERNAL EYE DISEASE	No disease	2550	2486	5036	99.2	363	360	723	98.7	301	335	636	98.9	3214	3181	6395	99.1	—	—	—
	Blepharitis	7	15	22	.43	2	3	5	.68	—	5	5	.78	9	23	32	.50	47	47	94
	Conjunctivitis	3	3	6	.12	1	1	2	.27	2	—	2	.31	6	4	10	.15	7	11	18
	Corneal opacities	2	2	4	.08	2	1	3	.41	—	—	—	—	4	3	7	.11	18	19	37
	Other disease	3	3	6	.12	—	—	—	—	—	1	1	.16	3	4	7	.11	20	17	37
EAR DISEASE	Sebaceous discharge	3	5	8	.16	—	1	1	.14	—	2	2	.31	3	8	11	.17	2	—	2
	Purulent	18	9	27	.52	4	3	7	.95	9	4	13	2.02	31	16	47	.74	44	24	68
History of		17	14	31	.61	1	1	2	.27	—	3	3	.47	18	18	36	.56	3	—	3
TEETH	Sound	1060	1038	2098	41.3	98	93	191	26.1	95	97	192	29.7	1253	1226	2479	38.4	—	—	—
	Less than 4 decayed	732	772	1504	29.6	149	178	327	44.6	160	174	334	51.9	1041	1126	2167	33.6	14	15	29
	4 or more decayed	771	695	1466	28.8	121	94	215	29.3	48	68	116	18.0	940	857	1797	27.8	113	97	210
	Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	10	18
	Not stated	2	4	6	.12	—	—	—	—	—	2	2	.31	2	6	8	.12	—	—	—
HEART AND CIRCULATION	Anæmia	9	8	17	.34	2	8	10	1.4	1	2	3	.47	12	18	30	.47	20	47	67
	Organic	228	198	426	8.4	31	25	56	7.6	54	72	126	19.6	313	295	608	9.4	171	131	302
LUNGS	No disease	2518	2478	4996	98.4	363	362	725	98.9	301	335	636	98.9	3182	3175	6357	98.6	—	—	—
	Chronic Bronchitis and Bronchial Catarrh	45	31	76	1.5	4	1	5	.68	—	—	—	—	49	32	81	1.26	46	41	87
	Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
	Tuberculosis suspected	2	—	2	.04	—	—	—	—	—	1	1	.16	2	1	3	.05	10	11	21
	Other disease	—	—	—	—	1	2	3	.41	2	5	7	1.1	3	7	10	.15	6	5	11
NERVOUS SYSTEM	No disease	2519	2486	5005	98.5	360	354	714	97.4	296	333	629	97.7	3175	3173	6348	98.4	—	—	—
	Epilepsy	3	—	3	.06	1	—	1	.13	—	—	—	—	4	—	4	.06	8	9	17
	Chorea	1	1	2	.04	—	—	—	—	—	—	—	—	1	1	2	.03	7	5	12
	Other disease	42	22	64	1.26	7	11	18	2.5	7	8	15	2.3	56	41	97	1.50	85	122	207
SKIN	No disease	2513	2462	4975	98.0	360	358	718	97.9	299	341	640	99.5	3172	3161	6333	98.1	—	—	—
	Ringworm, body	7	6	13	.26	—	—	—	—	—	—	—	—	7	6	13	.20	—	1	1
	Ringworm, head	10	10	20	.39	1	—	1	.14	1	—	1	.16	12	10	22	.34	19	11	30
	Impetigo	11	7	18	.35	2	—	2	.27	1	—	1	.16	14	7	21	.33	45	10	55
	Scabies	9	4	13	.26	—	3	3	.41	1	—	1	.16	10	7	17	.26	10	18	28
	Other disease	15	20	35	.69	5	4	9	1.23	1	—	1	.16	21	24	45	.70	36	55	91
	Not stated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
RICKETS		10	12	22	.43	1	—	1	.14	5	—	5	.78	16	12	28	.43	15	15	30
DEFORMITY	No Deformity	2491	2465	495																





